



## Independently Billing Dental Hygienists

### 2018 DENTAL PROCEDURE FEE SCHEDULE

*Effective for services provided on or after 1/1/2018*

Procedure codes not covered by DVHA's Dental Program are not listed in this Fee Schedule. Non-covered codes can be found at <http://dvha.vermont.gov/for-providers/claims-processing-1>

## **Adult Program (AP)**

- The Adult Program is limited to \$510 per individual per calendar year.
- If an individual reaches their 21st birthday and has received dental care during the course of the year, the dental benefit already paid will be applied to the annual \$510 adult maximum benefit. The benefit is considered exhausted if the total reimbursement is greater than or equal to \$510 and will not begin again until the start of the new calendar year.
- Exception to Adult Program limit: pregnant women through the duration of their pregnancy and through the end of the calendar month during which the 60th day following the end of pregnancy occurs.

Y = Procedure is a covered service for the Adult Program.

N = Procedure is not a covered service for the Adult Program.

♦ = This procedure is not subject to the Adult Program \$510 annual maximum benefit.

## **Authorization (A)**

0 = No prior authorization required.

1 = Prior authorization required by the Department of Vermont Health Access (DVHA). If appropriate, please forward radiographs for review.

## **By Report**

When a procedure is followed by this statement, please provide a brief description of the service and forward the claim to the Department of Vermont Health Access for review.

## **Co-Payment**

Adults are responsible for a co-payment for all dental services. The co-payment amount is \$3/adult/provider/date of service. Vermont DXC Technology (DXC) will automatically deduct the co-payment from the amount paid to the provider.

### **Exceptions to Co-Payments**

1. An individual residing in a participating long-term care facility (nursing home). DXC has this information on file and will not deduct the co-payment from the amount paid to the provider.
2. Pregnant women and through the end of the calendar month during which the 60th day following the end of pregnancy occurs. DXC does not have this information on file. When submitting claim forms to DXC for payment, you must indicate pregnancy and 60-day post pregnancy by adding the “HD” modifier to the end of each procedure code. The “HD” modifier must be used for all procedures. For example, when submitting for a periodic oral evaluation, use procedure code D0120HD.
3. An individual who is under 21 years of age and considered a child by the Department of Vermont Health Access.

## **Procedures Requiring Prior Authorization**

Submit requests to:

Department of Vermont Health  
Access Clinical Unit  
312 Hurricane Lane, Suite 201  
Williston, VT 05495  
Fax: (802) 879-5963

All Dental Prior Authorization forms can be found at <http://dvha.vermont.gov/for-providers>. Global period is the time after treatment that the provider is responsible for any sequelae related to the original treatment without charges to the patient.

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**EARLY PEDODONTIC EVALUATION**

Oral evaluation and preventive services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

- D0145 Oral Evaluation for a patient under three years of age. and counseling with primary caregiver

39 0 N

► Procedure code D0145 is limited to children under three years of age.

► The reimbursement for procedure code D0145 includes all anticipatory guidance provided to the family, including oral hygiene instructions. Note that you cannot bill for oral hygiene instructions (procedure code D1330) on the same date of service as procedure code D0145.

► Procedure code D0145 is limited to 1 per patient per 180 days. If more frequent oral evaluations are required, use the Dental Services Prior Authorization Request Form to submit a prior authorization request to the Department of Vermont Health Access documenting the need for the additional oral evaluation.

**PREVENTIVE TREATMENT**

Prophylaxis:

- D1110 Prophylaxis – Adult

48 0 Y

Removal of plaque, calculus and stains from the tooth structures in the permanent (adult) and transitional dentition. It is intended to control local irritational factors.

- D1120 Prophylaxis – Child

34 0 N

Removal of plaque, calculus and stains from the tooth structures in the primary (deciduous) and transitional dentition. It is intended to control local irritational factors.

Definitions:

Primary (Deciduous) Dentition: Teeth developed and erupted first in order of time.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Permanent (Adult) Dentition: The dentition that is present after the cessation of growth.

► Prophylaxis is limited to 1 per patient per 180 days. If more frequent prophylaxis is required, use the Dental Services Prior Authorization Request Form to submit a prior authorization request to the Department of Vermont Health Access documenting the need for the additional prophylaxis.

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CODE / DESCRIPTION	FEE	/Authorization/	Adult		

### Topical Fluoride Treatment

Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the general supervision of a dentist or physician. Fluoride must be applied separately from prophylaxis paste.

- D1206 Topical Fluoride Varnish; Therapeutic application for moderate to high caries risk patients 18 0 Y

Application of topical fluoride varnish, delivered in a single visit and involving the entire oral cavity. Not to be used for desensitization

► Fluoride varnish applications are limited to 1 application per patient per 180 days. If more frequent fluoride varnish applications are required, use the Dental Services Prior Authorization Request Form to submit a prior authorization request to the Department of Vermont Health Access documenting the need for the additional fluoride treatment.

- D1208 Topical Application of Fluoride 18 0 Y

► Fluoride applications are limited to 1 application per patient per 180 days. If more frequent fluoride applications are required, use the Dental Services Prior Authorization Request Form to submit a prior authorization request to the Department of Vermont Health Access documenting the need for the additional fluoride treatment.

### Other Preventive Services:

- D1330 Oral Hygiene Instructions 21 0 N

► Oral hygiene instructions are limited to children 4 years old and younger.

► Oral hygiene instructions are limited to 1 time per patient per year. If more frequent oral hygiene instructions are required, use the Dental Services Prior Authorization Request Form to submit a prior authorization request to the Department of Vermont Health Access documenting the need for the additional instructions.

- D1351 Sealant – Per Tooth\* 35 0 N  
Limited to permanent first and second molars.
- D1351 U9 Sealant – Per Tooth-Deciduous first and second molars, bicuspid and anterior teeth with deep pits and fissures.\* 19 0 N

► Sealants are limited to 1 per tooth per 5 years.

When submitting claims for the placement of sealants on deciduous molars, bicuspid and anterior teeth you must add the “U9” modifier to the end of procedure code D1351. For example, when submitting for a sealant placed on tooth #28, use procedure code D1351U9.

\* Once a sealant is placed, the provider is responsible for the maintenance of that sealant for a period of 5 years.

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CODE / DESCRIPTION	FEE	/Authorization/	Adult
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#### Periodontal Services:

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|---|-----|---|---|
| • D4341 Periodontal Sealing and Root Planing , Four or more contiguous teeth per Quadrant | 120 | 0 | Y |
| • D4342 Periodontal Scaling and Root Planing one to three teeth per Quadrant              | 80  | 0 | Y |

► Periodontal scaling and root planing is limited to 4 quadrants per patient per year. If more frequent scaling and root planing is required, use the Dental Services Prior Authorization Request Form to submit a prior authorization request to the Department of Vermont Health Access documenting the need for the additional scaling and root planing.

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|---|----|---|---|
| • D4355 Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | 85 | 0 | Y |
|---|----|---|---|

The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.

► Full mouth debridement is limited to 1 per patient per 2 years. If more frequent full mouth debridement is required, use the Dental Services Prior Authorization Request Form to submit a prior authorization request to the Department of Vermont Health Access documenting the need for the additional full mouth debridement.

► A prophylaxis cannot be completed on the same date of service as a full mouth debridement.

#### Other Periodontal Services:

- |                                 |    |   |   |
|---------------------------------|----|---|---|
| • D4910 Periodontal Maintenance | 69 | 0 | Y |
|---------------------------------|----|---|---|

This procedure is instituted following periodontal therapy and continues at varying levels, determined by the clinical evaluation by the dentist. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth.

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